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Statement submitted by World Federation of Societies of Anaesthesiologists, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* The present statement is being issued without formal editing.

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Statement

The World Federation of Societies of Anaesthesiologists represents hundreds of thousands of anaesthesiologists from over 140 countries.

It is long overdue, but 2015 is the year in which strengthening surgery and anaesthesia care is finally gaining the recognition it deserves as a global health priority. From disease control priorities, essential surgery to the Lancet Commission on Global Surgery and the proposed resolution on Strengthening Surgery and Anaesthesia at the World Health Assembly, decision makers are now bearing witness to the enormity of the global surgical crisis.

It is therefore of great concern that the sustainable development goals and specifically goal 3 makes no specific mention of surgery and anaesthesia. We call upon the Economic and Social Council to take note of the following:

- 5 billion people do not have access to safe, affordable, surgical and anaesthesia care when needed.
- Of the 313 million surgical procedures undertaken worldwide each year only 6% occur in the poorest countries where over one third of the world's population lives.
- Without urgent investment in surgical scale up, low middle income countries will continue to have losses in economic productivity estimated cumulatively at US$ 12.3 trillion between 2015 and 2030.
- Provision of essential surgical procedures, together with safe anaesthesia provision, would avert an estimated 1.5 million deaths a year, or 6 percent to 7 percent of all avertable deaths in low- and middle-income countries.
- Essential surgical procedures rank among the most cost-effective of all health interventions but also require concomitant safe anaesthesia. The surgical platform of first-level hospitals delivers 28 of the 44 essential procedures, making investment in this platform also highly cost-effective.
- Estimates suggest that full coverage of the essential surgical and anaesthetic component applicable to first-level hospitals would require slightly more than $3 billion annually of additional spending and yield a benefit: cost ratio of better than 10:1.

We therefore call upon the Council to:

1. Include specific reference to "surgery and anaesthesia" in sustainable development goal 3.8 (Universal Health Coverage).

2. Include specific reference to the "surgical workforce" in goal 3.c (Health Workforce).

3. Ensure that goals and indicators for goal 3 include:

a. Health systems — perioperative mortality rate, surgical volume per 100,000 population

b. Health service access — access to timely essential surgery (% of the population that can access a facility that can perform caesarean delivery, laparotomy and open fracture)

c. Health workforce, health worker density and distribution — surgeons, anaesthesiologists and obstetric physicians per 100,000 population

Universal health coverage and the health aspirations set out in the post-2015 agenda will be impossible to achieve without ensuring that surgical and anaesthesia care is available, accessible, safe, timely and affordable.